

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

County
Cash

25 Days

Birth-
place

Where Residing if not
at place of death

Eva Kauer

Father's
Birthplace

Mother's Birthplace

How related
to deceased

CAUSES OF DEATH

①

How long
2 months

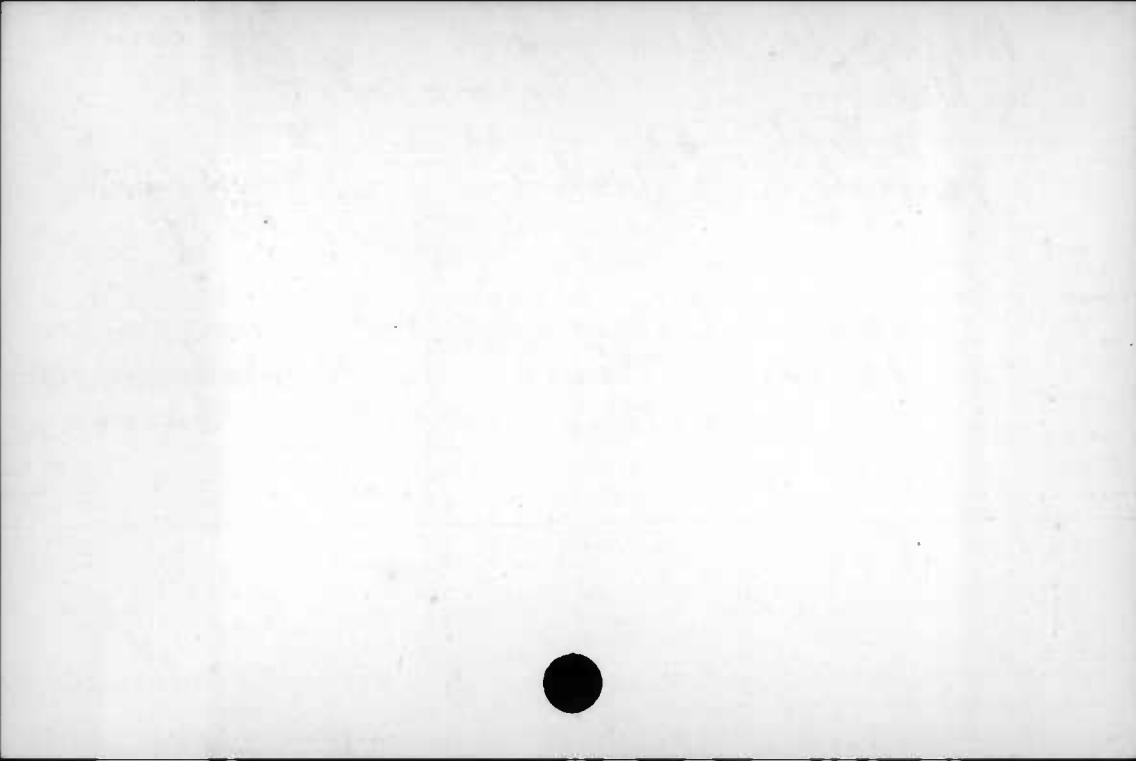
How long
2 days

Signature of Physician

Address

James Potts
Berlin Md

Accident or Suicide?



Name
in
Full

Mary E Bradford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

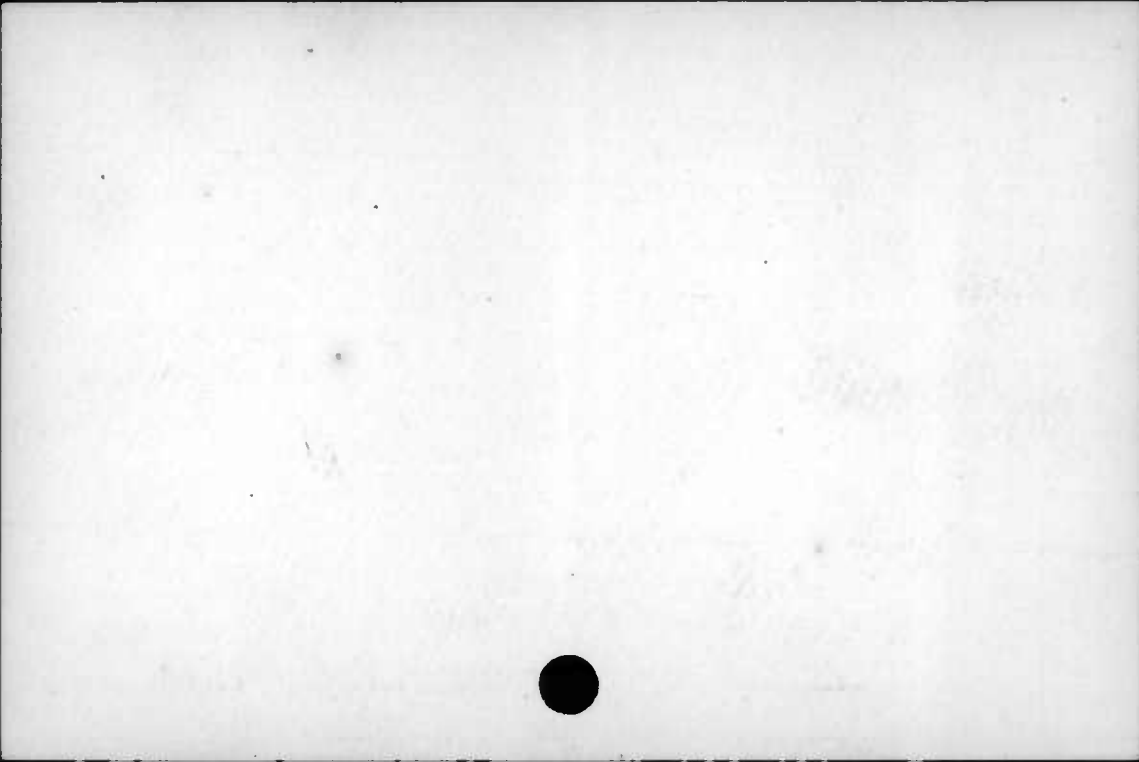
Died at <u>Berlin</u> Town		<u>Worcester</u> County		MARYLAND	
Date of death	1907	Month	Sept	Day	23
Age	30	Years	8	Months	14
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	Housework		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband <u>Lee Bradford</u>		
Father's Name	<u>Edgar B Mitchell</u>		Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name	<u>Perceita Thatch</u>		Mother's Birthplace <u>Maryland</u>		
Name of person giving information	<u>Nash Th. Bradford</u>		How related to deceased <u>Thursman</u>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Pulmonary Tuberculosis</u>	How long	<u>2 years</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Osah. Fordall</u>	
Yes		Address <u>Berlin</u>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Pocomoke city* Town *Worcester* CountyDate of death *1907* Month *Sept* Day *20* Age *2* Years Months DaysSex *Female* Color or Race *White* Birth-place *Pocomoke city*Occupation *Infant* Where Residing if not at place of deathMarried, Single or Widowed *"* Name of Wife or HusbandFather's Name *James Brunningham*Father's Birthplace *Somerville*Mother's Maiden Name *Amelia Welley*Mother's Birthplace *Baltimore*Name of person giving information *Gas Brunningham*How related to deceased *Father*

CAUSES OF DEATH

104

PHYSICIAN
OR CORONERPrimary *Indigestion*How long *all its life*Immediate *collapse*

How long

Are the name, age, sex, color, date and place correctly given above?

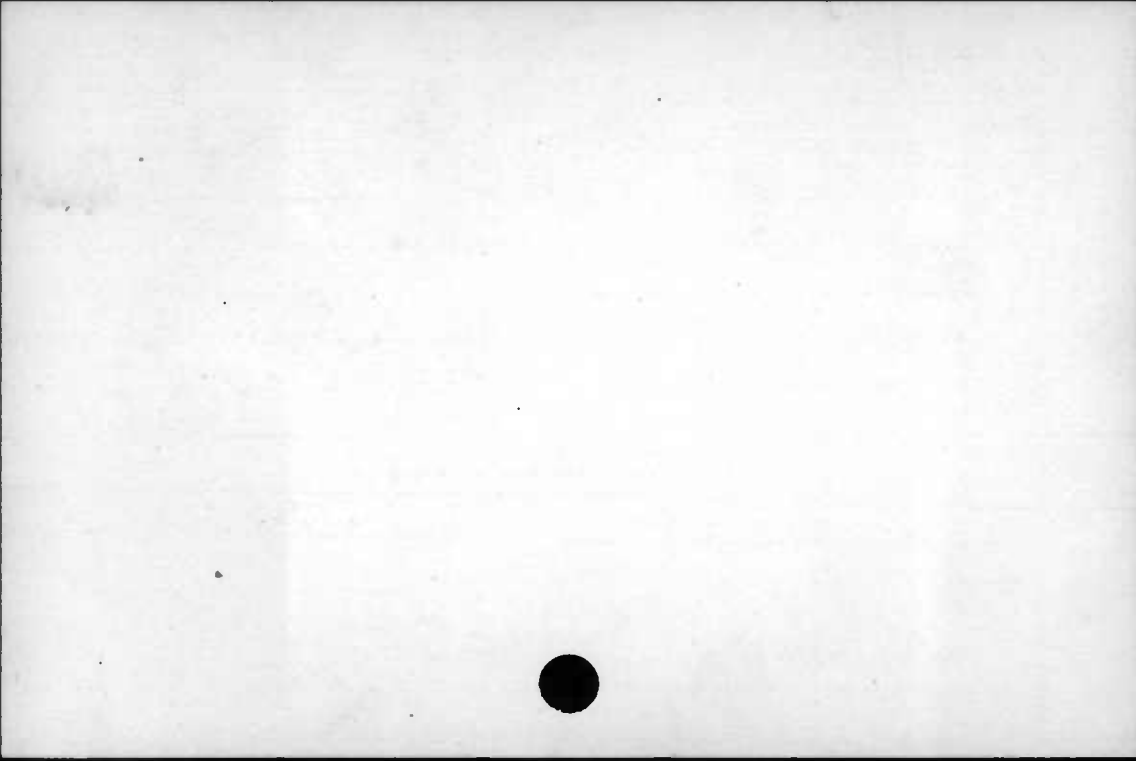
Yes

Signature of Physician

Address

Saml L. Quinn
Pocomoke city Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

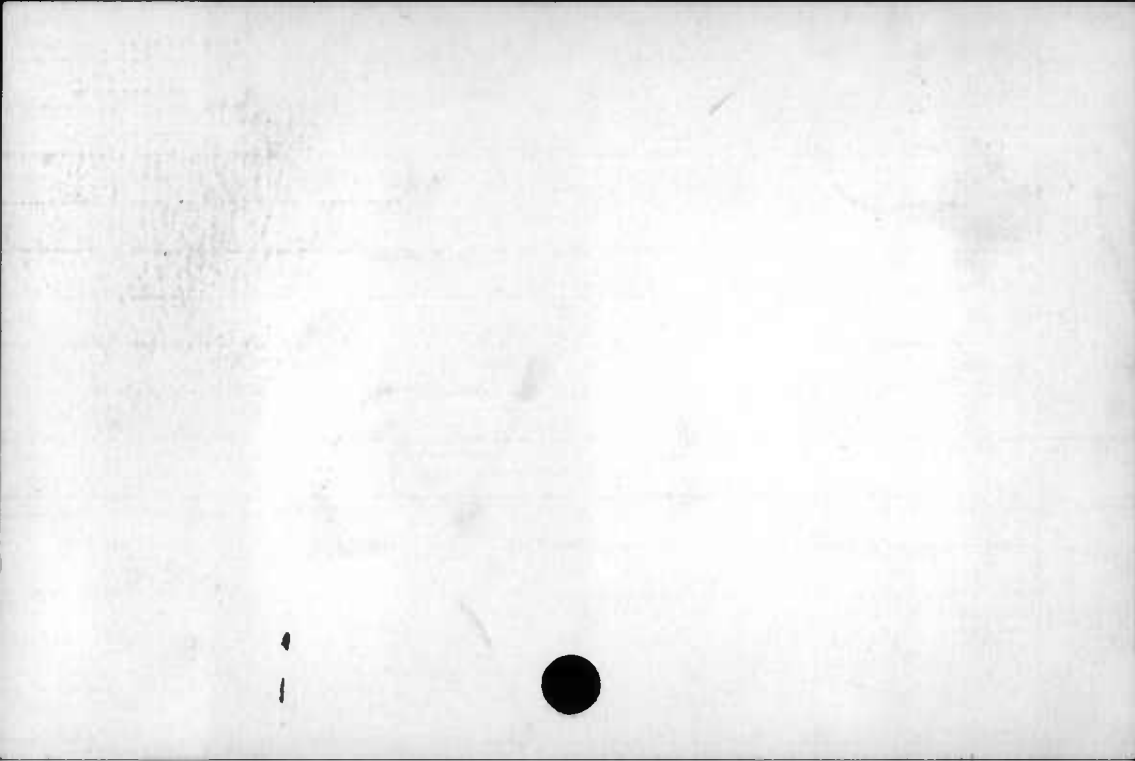
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Gregory Chistosovska</i>		Town <i>Snow Hill</i>		County <i>Worcester</i>		State <i>MARYLAND</i>	
Died at <i>Snow Hill</i>		Date of death <i>1907 Sept. 16</i>		Age <i>2-</i>		Months <i>8</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>		Days <i>—</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Valenty Chistosovska</i>				Father's Birthplace <i>Polynum</i>			
Mother's Maiden Name <i>Antonina Chistosovska</i>				Mother's Birthplace <i>Polynum</i>			
Name of person giving information <i>Valenty Chistosovska</i>				How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		<i>(172)</i>		How long	
Immediate <i>Accidentally drowned</i>				How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Ruefoms</i>		Address <i>Snow Hill</i>	
Accident or Suicide? <i>Accident</i>		Address <i>—</i>		City <i>Ind</i>	



Name
in
Full

CERTIFICATE OF DEATH

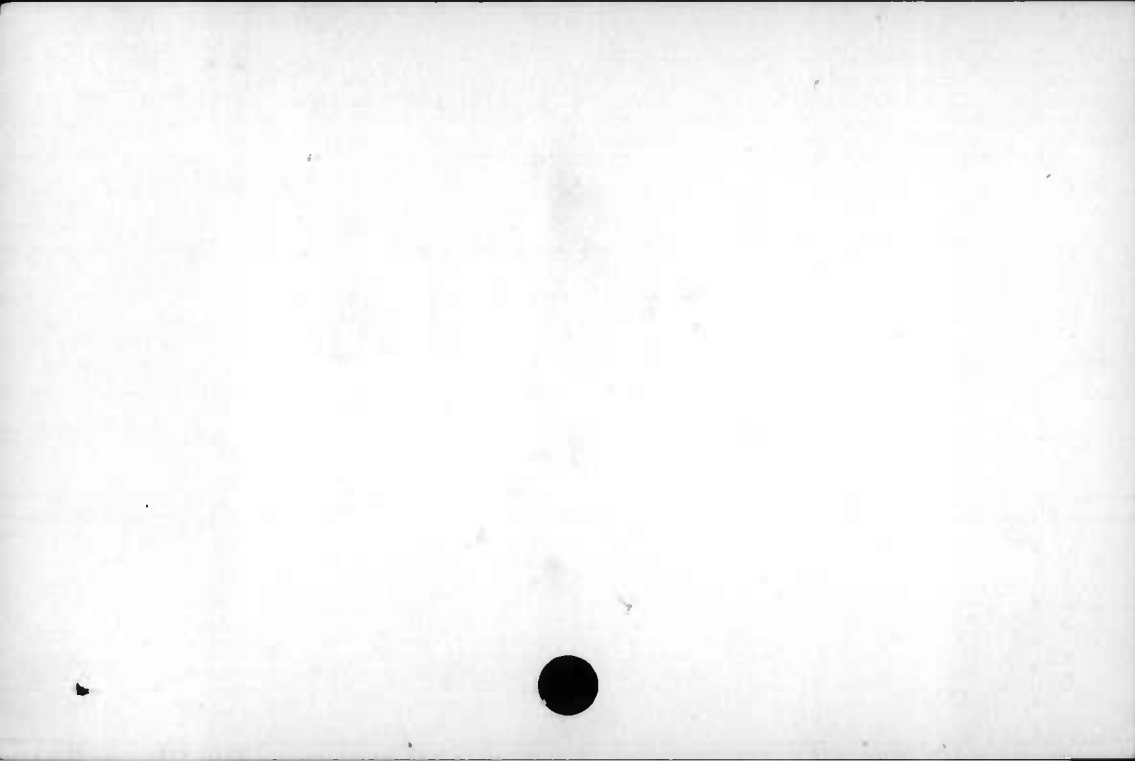
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ocean City</i>		Town <i>Ocean City</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>Sept</i>	Day <i>19</i>	Age <i>52</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Caucasian</i>		Birth-place <i>Washington D.C.</i>				
Occupation <i>House-keeper</i>		Where Residing if not at place of death <i>Washington D.C.</i>					
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Abraham G Cook</i>						
Father's Name <i>James Williamson</i>		Father's Birthplace <i>Scotland</i>					
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Mrs W. S. Riley</i>		How related to deceased <i>None at all</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>six weeks</i>
Immediate <i>Typhoid fever</i>	How long <i>six weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Francis J. Townsend</i>
	Address <i>Ocean City Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Sarah Ann Cullen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

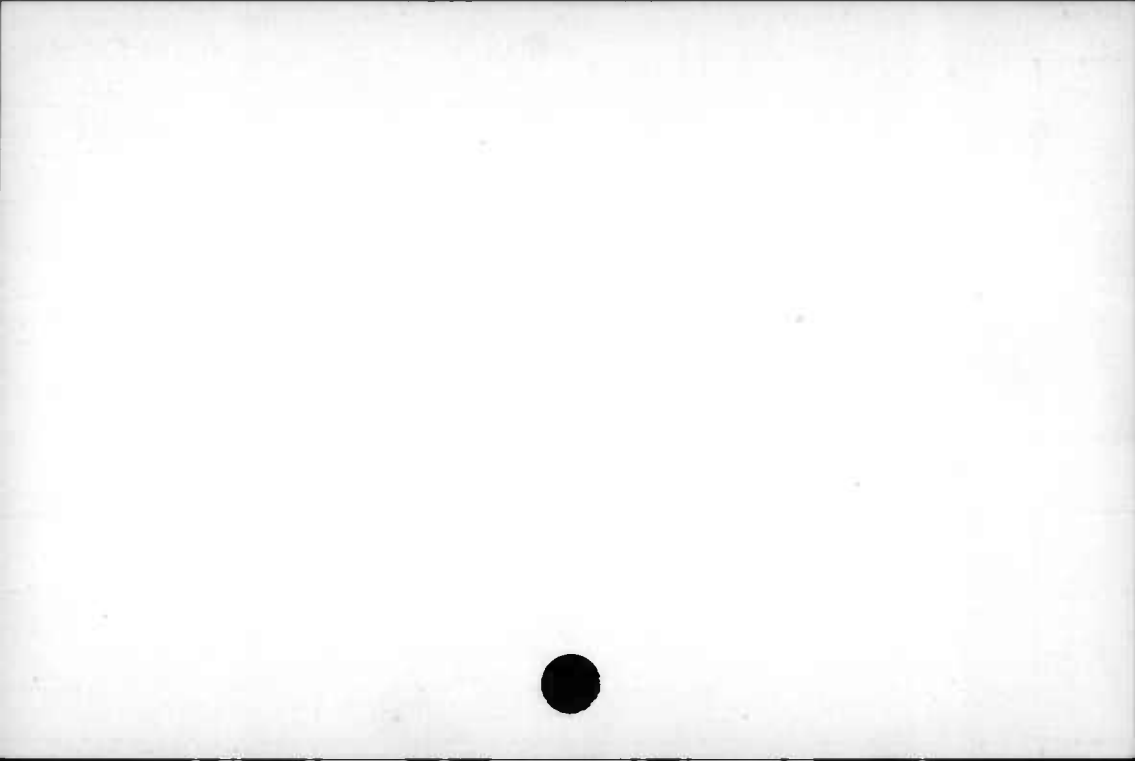
Died at <i>Snow Hill</i>		County <i>Morristown</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Sept</i>	Day <i>28</i>	Years <i>78</i>	Months <i>10</i>	Days <i>29</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Somerset Co., Md</i>		
Occupation <i>Retired</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Don't know</i>				
Father's Name <i>Elisha Cunby</i>	Father's Birthplace <i>Somerset Co., Md</i>				
Mother's Maiden Name <i>Milcha C. Bourne</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>Lawrence Hastings</i>	How related to deceased <i>Son in law</i>				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>oneday</i>
Immediate <i>Paralysis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Law Jones</i>
	Address <i>Snow Hill Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

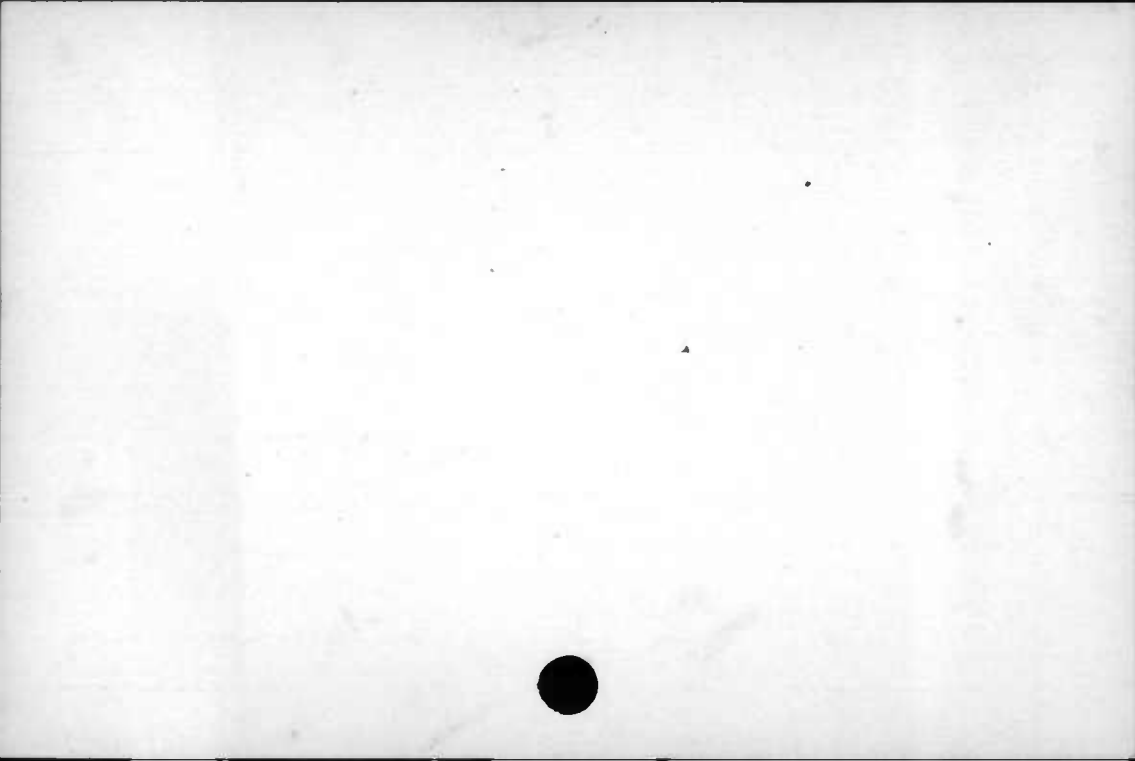
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Paromoke City</i>		<i>Styden</i> County		MARYLAND	
Date of death	1907	Month	Sept	Day	27
Sex	Female	Color or Race	Colored	Age	
Occupation	Infant	Where Residing if not at place of death	<i>12 11 11</i>		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Stewart Dryden	Father's Birthplace	Paromoke		
Mother's Maiden Name	Mary Quinn	Mother's Birthplace	12		
Name of person giving information	Stewart Dryden	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Don't know</i>	How long	<i>one day</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>[Signature]</i>
		Address	<i>Paromoke City</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

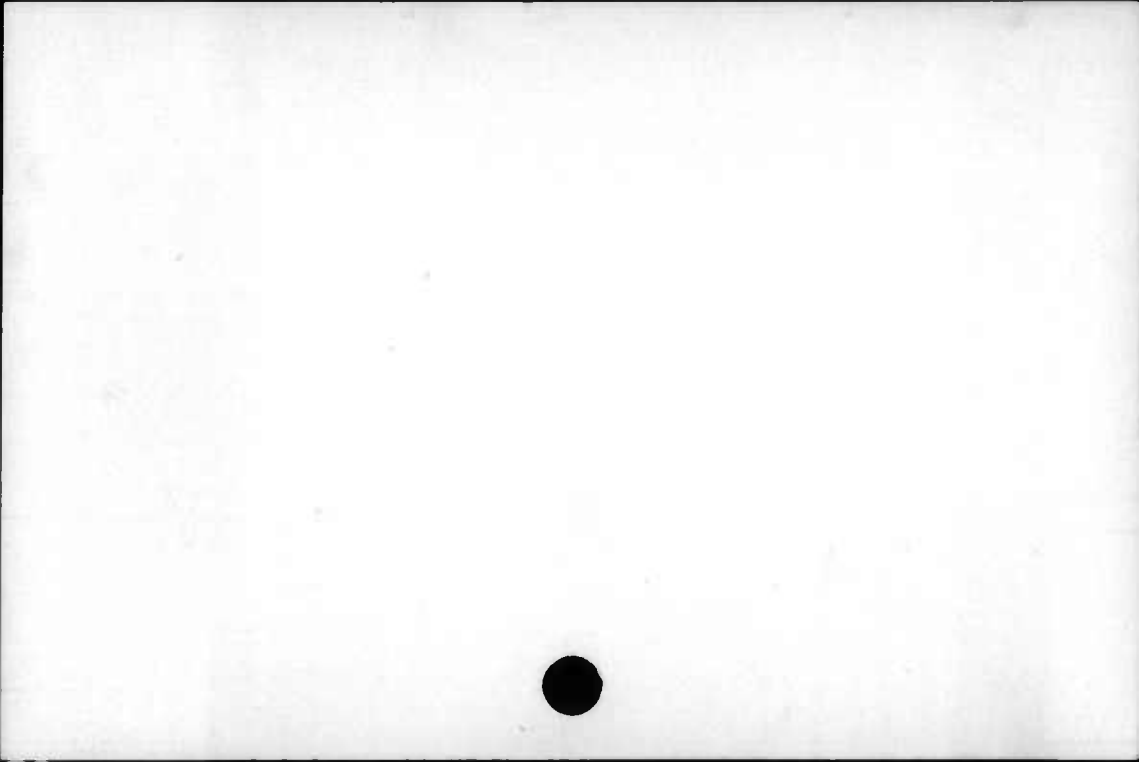
Died at <i>Stockton</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>September</i>	Day <i>16th</i>	Age <i>63</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>MD</i>		
Occupation <i>Housekeeper</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Thomas Godfrey</i>				
Father's Name <i>Livingston Ewins</i>	Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Eleanor Richardson</i>	Mother's Birthplace <i>MD</i>				
Name of person giving information <i>George Johnson</i>			How related deceased <i>Nephew</i>		

CAUSES OF DEATH

(109)

PHYSICIAN
OR CORONER

Primary <i>Constipation</i>	How long <i>Several years</i>
Immediate <i>Mal-assimilation</i>	How long <i>2 1/2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. J. Parker</i>
	Address <i>Stockton Maryland</i>
Accident or Suicide?	



Name
in
Full

Stephen Gordly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mar Newark		County Worcester		MARYLAND	
Date of death		1907	Month Sept	Day 24	Age 77	Years	Months Days
Sex Male		Color or Race Blk		Birth-place Ind			
Occupation Carpenter		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Charlotte Dennis					
Father's Name unknown		Father's Birthplace unknown					
Mother's Maiden Name unknown		Mother's Birthplace unknown					
Name of person giving Information Chas Simmons		How related to deceased None					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	How long 2 yrs
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		yes -
Signature of Physician C. W. Dickerson		Address Berlin Md
Accident or Suicide?		

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Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

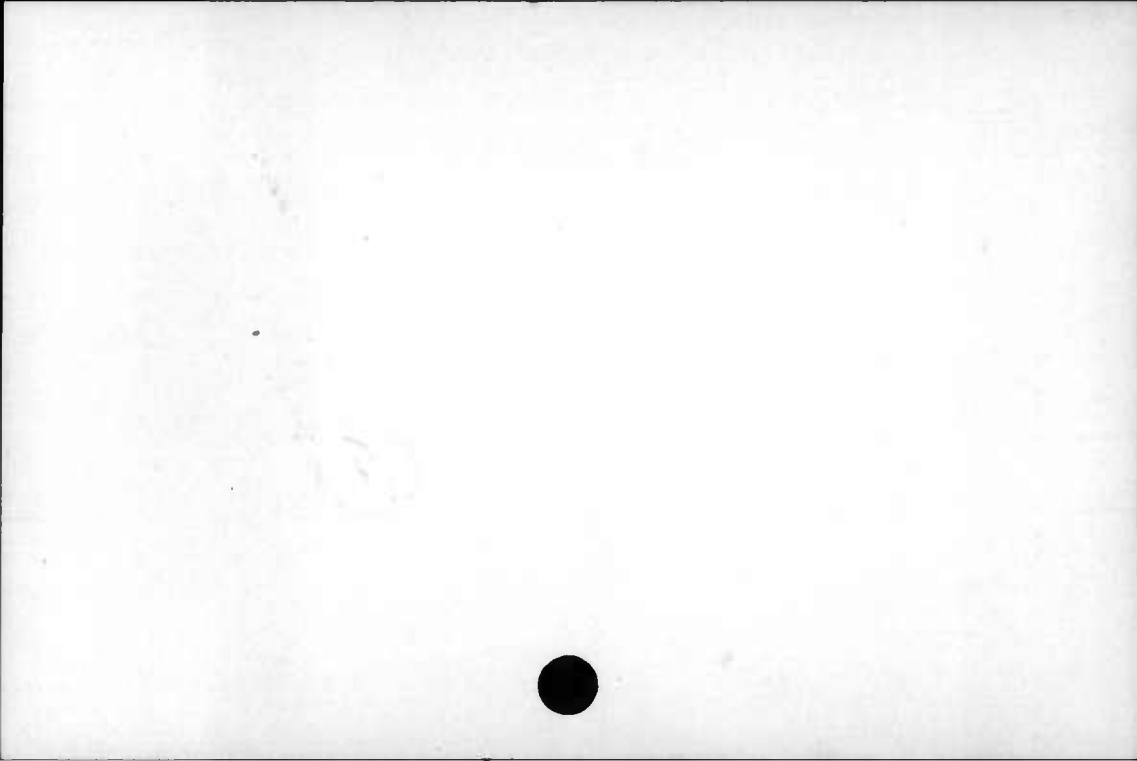
Died at <u>Stockton</u> Town		<u>Worcester</u> County		MARYLAND	
Date of death	1907	Month	9	Day	25
Age		Years		Months	Days
Sex		Color or Race		Birth-place	
Female		Black		Md	
Occupation		Where Residing if not at place of death			
Single or Widowed		Name of Wife or Husband			
Father's Name		Burton Hare		Father's Birthplace	
Mother's Maiden Name		Lula Spencer		Mother's Birthplace	
Name of person giving information		Burton Hare		How related to deceased	
				father	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
9	Address
Accident or Suicide?	



Name in Full		Daisy Hammond				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Dumb Hill		County Worcester		MARYLAND	
	Date of death	1907	Month Sept	Day 12	Age 16	Months 8	Days 5
	Sex	Female		Color or Race	Negro		
	Occupation	housework.		Where Residing if not at place of death		Newark, Md	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Unknown		Father's Birthplace		Unknown	
	Mother's Maiden Name	Maggie Hammond		Mother's Birthplace		Newark, Md	
	Name of person giving information	Ellen Hammond		How related to deceased		Aunt	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">127</div>							
PHYSICIAN OR CORONER	Primary	Typhoid fever				How long	5 weeks
	Immediate	Tuberculosis				How long	2 mos
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
					John L. Riley Dumb Hill Maryland		
Accident or Suicide? <input type="checkbox"/>							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Wm Heathway* Town *Beary* County *Monester*

Died at *Beary*

Date of death *1907* Month *Sept* Day *1* Age *✓* Years *4* Months *✓* Days *✓*

Sex *male* Color or Race *white* Birth-place *md*

Occupation *✓* Where Residing if not at place of death *✓*

Married, Single or Widowed *✓* Name of Wife or Husband *✓*

Father's Name *John W. Heathway* Father's Birthplace *md.*

Mother's Maiden Name *Pollyann Curtis* Mother's Birthplace *Va*

Name of person giving information *Jos. C. Taylor* How related to deceased *None.*

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary

Malaria
Cholera

How long

4 m

Immediate

How long

1 m.

Are the name, age, sex, color, date and place correctly given above?

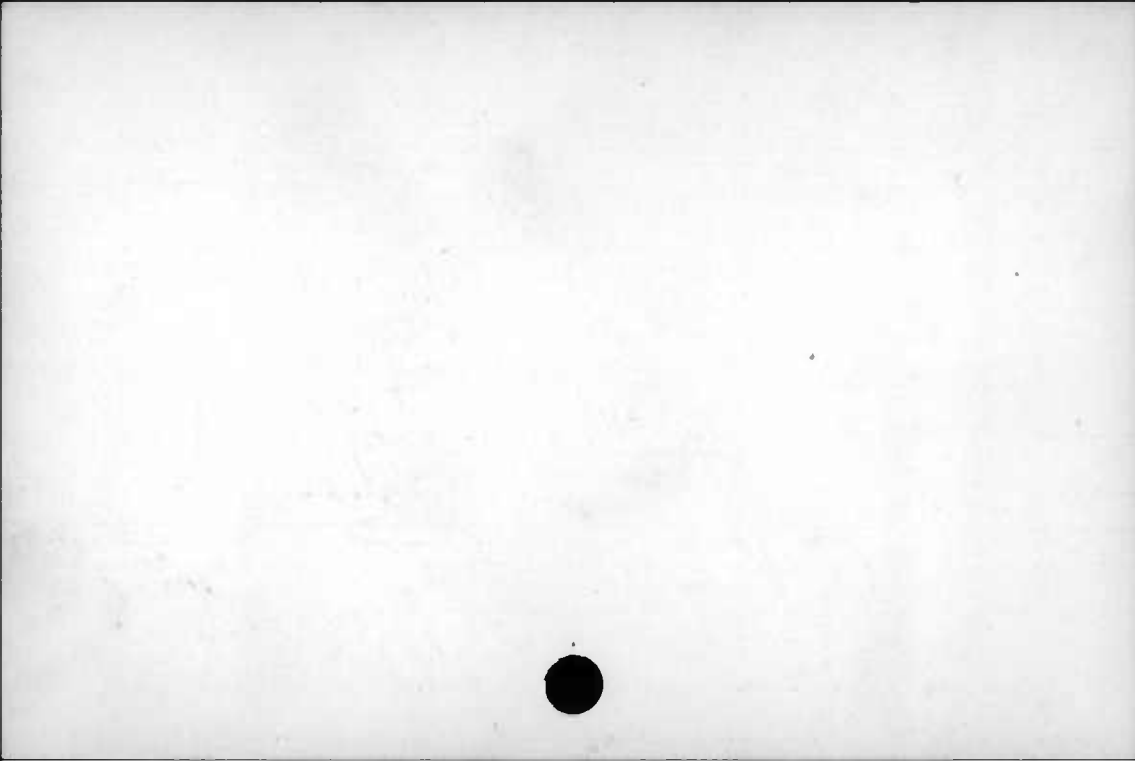
Yes
✓

Signature of Physician

Address

J. M. Milam
Pocomoke City

Accident or Suicide?



Name

in
Full

MOT. NAME

Henson

CERTIFICATE OF DEATH

Died at ^{Town} *Poemoke*^{County} *Worcester*

MARYLAND

Date
of death *1907*Month *9*Day *19*

Age

Years

Months *1*Days *23*

Sex

*Female*Color or
Race*Color T*Birth-
place*Poemoke*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*George Henson*Father's
Birthplace*Unknown*Mother's
Maiden Name*Maranda Manshall*Mother's
Birthplace*Unknown*Name of person giving
Information*Clanora Gundy*How related
to deceased*1/2 Sister*

CAUSES OF DEATH

8

Primary

How long

Immediate

How long

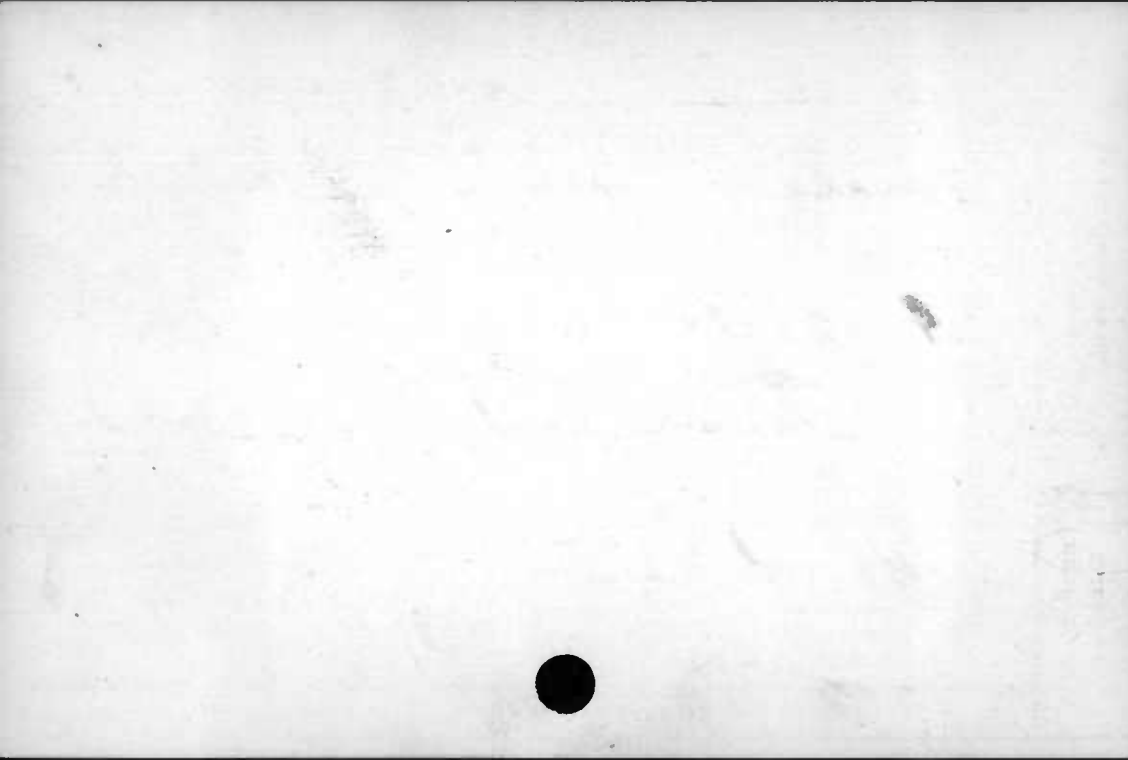
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*D. J. O'Yaritt*

Address

Poemoke City

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Infant of Mr Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

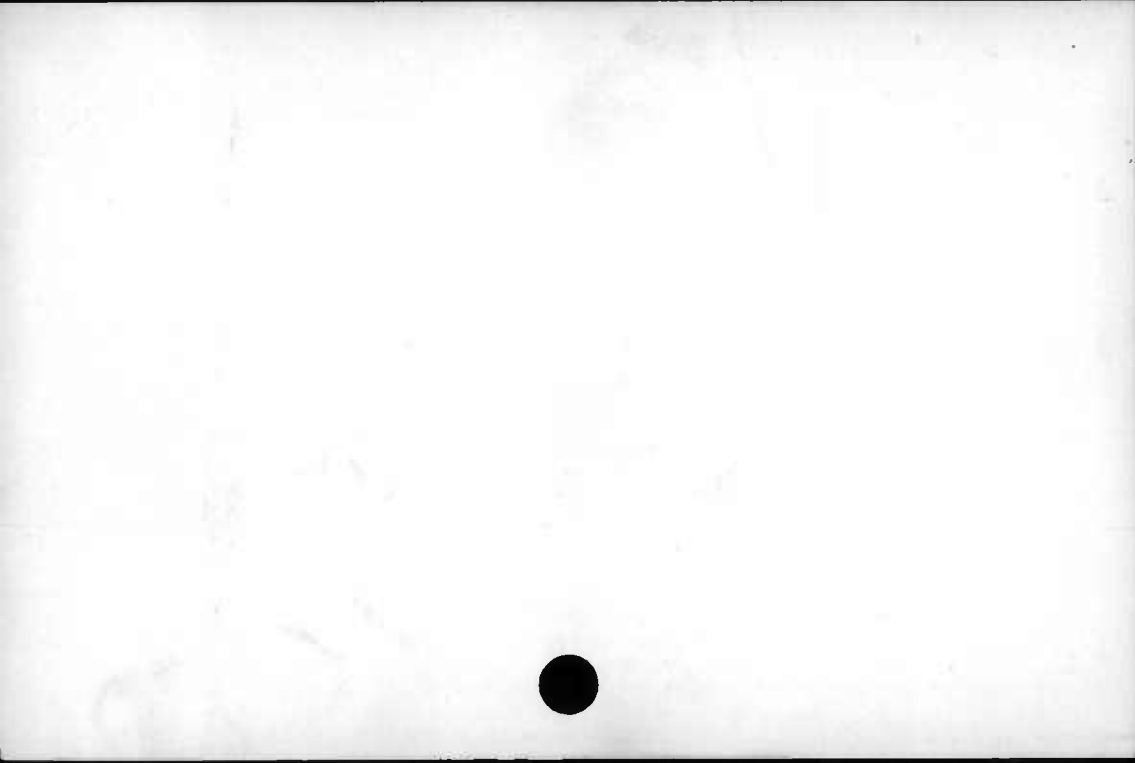
Died at <i>near Berlin</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death	1907	Month	Sept-	Day	8
Age		Years	2	Months	6
Sex	Male	Color or Race	Blk	Birth-place	Burl
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Single					
Father's Name		<i>Wm Jones</i>		Father's Birthplace	
Mother's Maiden Name		<i>Josephine Burdett</i>		Mother's Birthplace	
Name of person giving Information		<i>Mrs Preclaus</i>		How related to deceased	
				<i>Wm</i>	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>3 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<i>Dr. J. J. Jones</i>	
		Address	
		<i>Burlingame</i>	
		<i>Ind</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Sept	28				
Sex		Color or Race		Birth-place			
Female		White		Sud			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Single							
Father's Name				Fether's Birthplace			
John Lynch				Sud			
Mother's Maiden Name				Mother's Birthplace			
Dennis Brunningham				Sud			
Name of person giving information				How related to deceased			
Mrs. Monkhouse				None			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Premature Delivery	How long	—
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
		Sud	
Accident or Suicide?		Yes	

Mr Wise

Berlin

Undertaken

Wm



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

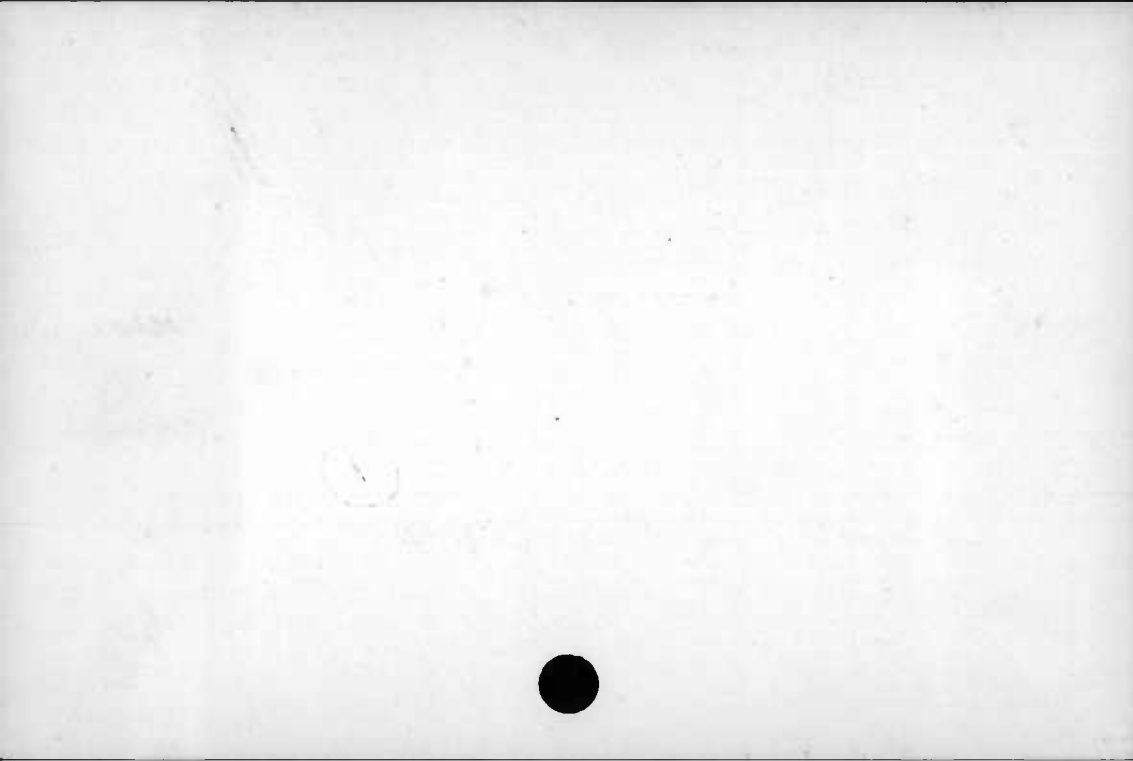
MARYLAND

Died at Sept 18 Town Berlin County MorDate of death 1907 Month Sept Day 18 Age 61 Years Months DaysSex Female Color or Race Col. Birth-place BerlinOccupation House wife Where Residing if not at place of death BerlinMarried, Single or Widowed Married Name of Wife or Husband Joseph, RussellFather's Name Unknown Father's Birthplace unknownMother's Maiden Name Unknown Mother's Birthplace unknownName of person giving information Hub Russell How related to deceased Son

CAUSES OF DEATH

Primary Typh. Pneumonia How long 3 weeks
ImmediateAre the name, age, sex, color, date and place correctly given above? YesSignature of Physician Frank SykesAddress Berlin Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Miss Nancy Purcell
 Town *Berlin* County *Worcester*

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Berlin* *Worcester*

Date of death *1907 Sept-15* Age *77* Month *6* Days

Sex *Female* Color or Race *White* Birth-place *Eng*

Occupation *House Keeper* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *John S. Purcell* Father's Birthplace *Eng*

Mother's Maiden Name *Margaret-C. Purcell* Mother's Birthplace *Eng*

Name of person giving information *Miss Nancy Purcell* How related to deceased *Meic*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Acute Gastritis* *104* How long *2 hours*

Immediate *Heart Failure* How long *1 1/2 hours*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician *J. P. Henry M.D.*

Address *Berlin Maryland*

Accident or Suicide?



Name
in
Full

Edith Quinn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pocomoke		County Worcester		MARYLAND	
Date of death		1907	Month 9	Day 23	Age 3	Months	Days
Sex Female		Color or Race col.		Birth- place Md.			
Occupation none				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Frank Quinn Jr.				Father's Birthplace (Md.)	
Mother's Maiden Name		Blanche				Mother's Birthplace (Md.)	
Name of person giving Information		Frank Quinn				How related to deceased Father	

CAUSES OF DEATH

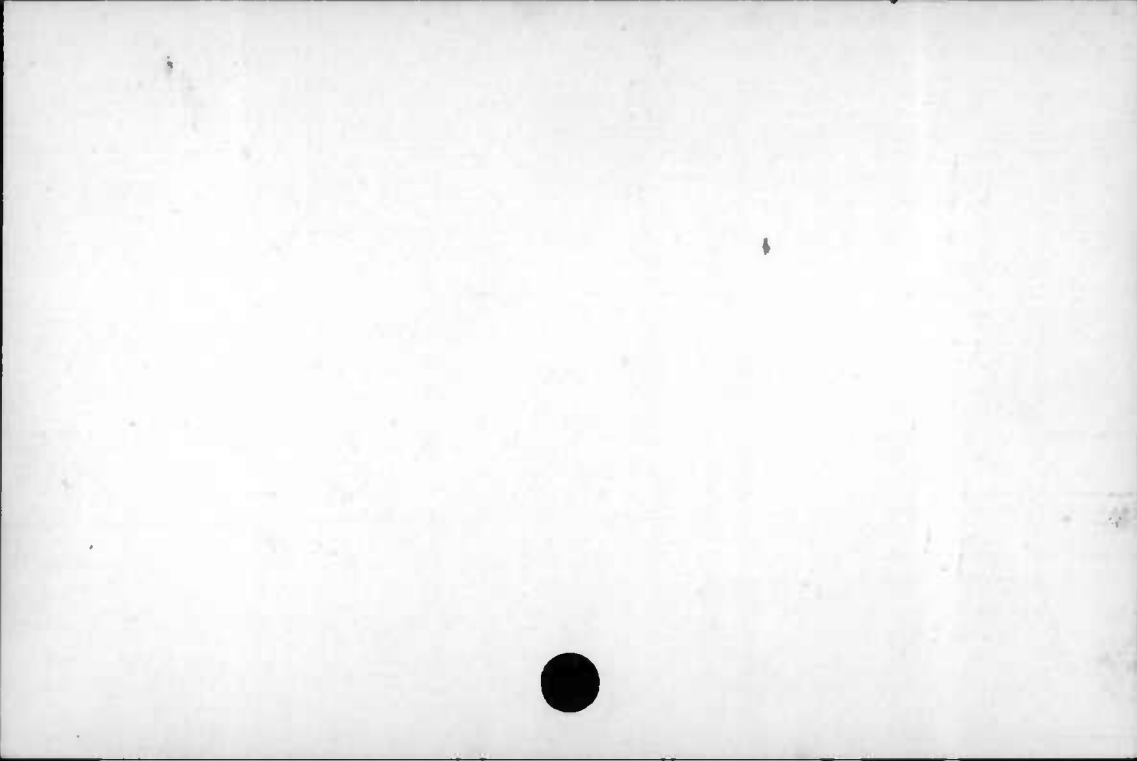
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PHYSICIAN
OR CORONER

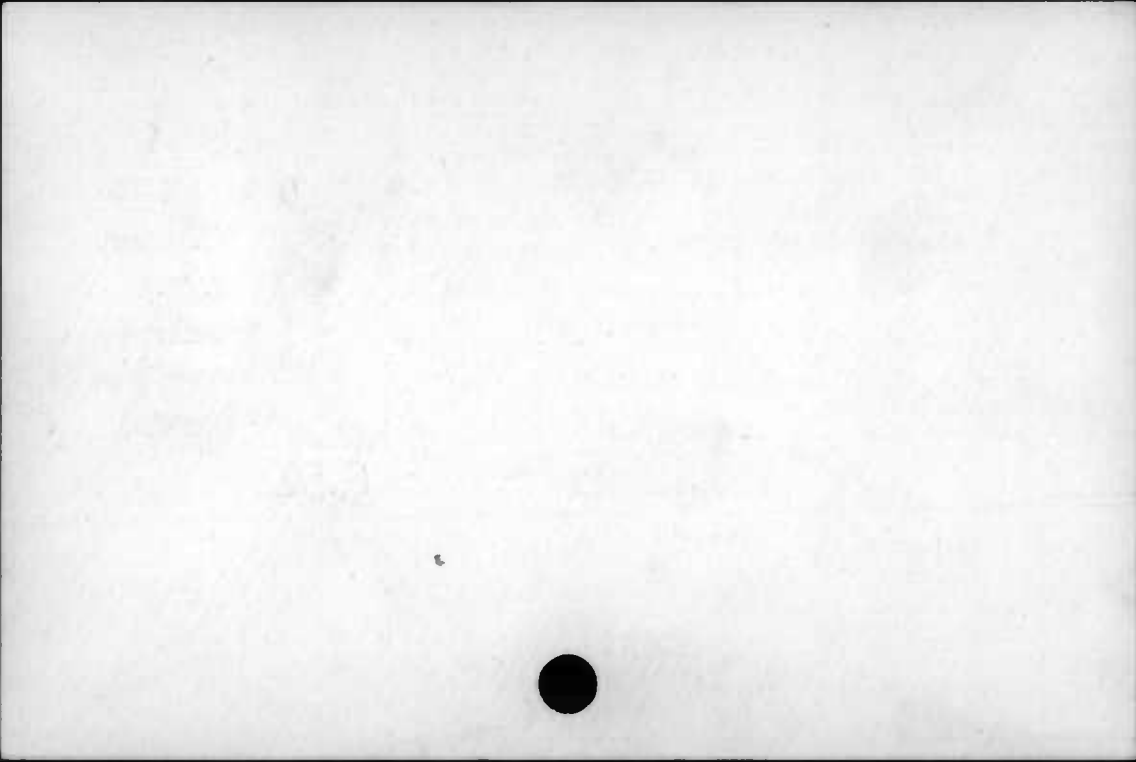
Primary	Heart Malonin	How long	2 weeks
Immediate	Congestion Brain	How long	2 x hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H. W. Miller	
		Address	
Accident or Suicide?			



Name in Full		Lizzie L Rayne				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Berlin	County Wicashie	MARYLAND		
		Date of death		1907	Month Sept-	Day 13	Age 29	Years 5
		Sex		Female	Color or Race	White	Birth-place	Ind
		Occupation		Housewife		Where Residing if not at place of death		
		Married, Single or Widowed		Married	Name of Wife or Husband		John D Rayne	
PHYSICIAN OR CORONER		Father's Name		Wm M. Farnell		Father's Birth-place		Ind
		Mother's Maiden Name		Martha E. Leonard		Mother's Birth-place		"
		Name of person giving information		Mrs Ernest - Berkey		How related to deceased		Sister
		CAUSES OF DEATH		Primary		Typhoid fever		How long
Immediate				Septicemia		How long		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		C. A. Tyndall		
Accident or Suicide?				Address		Berlin Ind		



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>near Berlin</i> ^{Town}		County <i>Worcester</i>		
		Date of death <i>1907</i>		Month <i>Sept</i>	Day <i>3</i>	Years <i>—</i>
		Sex <i>male</i>		Color or Race <i>Black</i>	Birth-place <i>Maryland</i>	Months <i>2</i>
		Occupation		Where Residing if not at place of death		
		Maiden, Single or Widowed		Name of Wife or Husband		
FATHER'S NAME MOTHER'S MAIDEN NAME NAME OF PERSON GIVING INFORMATION		Father's Name <i>Therry Smith</i>		Father's Birthplace <i>Maryland</i>		
		Mother's Maiden Name <i>Sarah Marshall</i>		Mother's Birthplace <i>Maryland</i>		
		Name of person giving information <i>Therry Smith</i>		How related to deceased <i>Father</i>		
CAUSES OF DEATH 8						
PHYSICIAN OR CORONER		Primary <i>Whooping Cough</i>		How long <i>4 weeks</i>		
		Immediate <i>Meningitis</i>		How long <i>4 days</i>		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. C. Dickinson</i>		
				Address <i>Berlin Md</i>		
		Accident or Suicide?				



Name
in
Full

Mrs. Annis M. Simmons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

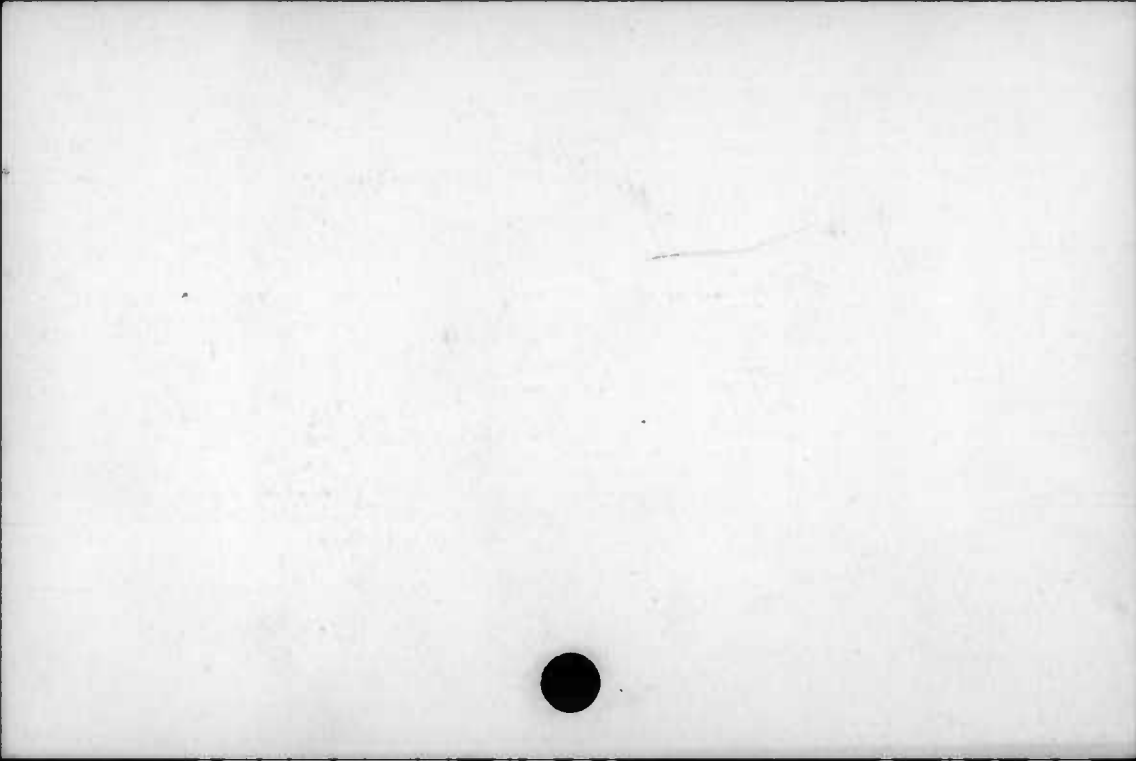
Died at		Town Hesley		County Harris		MARYLAND	
Date of death	1907	Month September	Day Saturday	Age 77	Years 11	Months 14	Days
Sex	Female		Color or Race	White		Birthplace	Murk
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband	John B. Simmons			
Father's Name	Kendrick J. Ashman				Father's Birthplace	Murk	
Mother's Maiden Name	Adeline Warren				Mother's Birthplace	Murk	
Name of person giving information	Chas. B. Simmons				How related to deceased	Son	

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	4 yrs
Immediate	Lingual paralysis	How long	4 days
Are the name, age, sex, color, date and place correctly given above?	yes		
Signature of Physician	John L. Riley		
Address	Snow Hill, Md.		
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *John H. Gull* Town *New Hope* County *Theriot*

Died at *New Hope*

Date of death 1907 *9* Month *30* Day *64* Years *9* Months *20* Days

Sex *male* Color or Race *white* Birthplace *Maryland*

Occupation *Farmer* Where Residing if not at place of death *same*

Married, Single or Widowed *Married* Name of Wife or ~~Husband~~ *Annice Gull*

Father's Name *Solomon Gull* Father's Birthplace *Maryland*

Mother's Maiden Name *Matilda Clayville* Mother's Birthplace *Ind.*

Name of person giving information *J. S. Delotte* How related to deceased *none*

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary *Acute Indigestion* How long *24 hours*

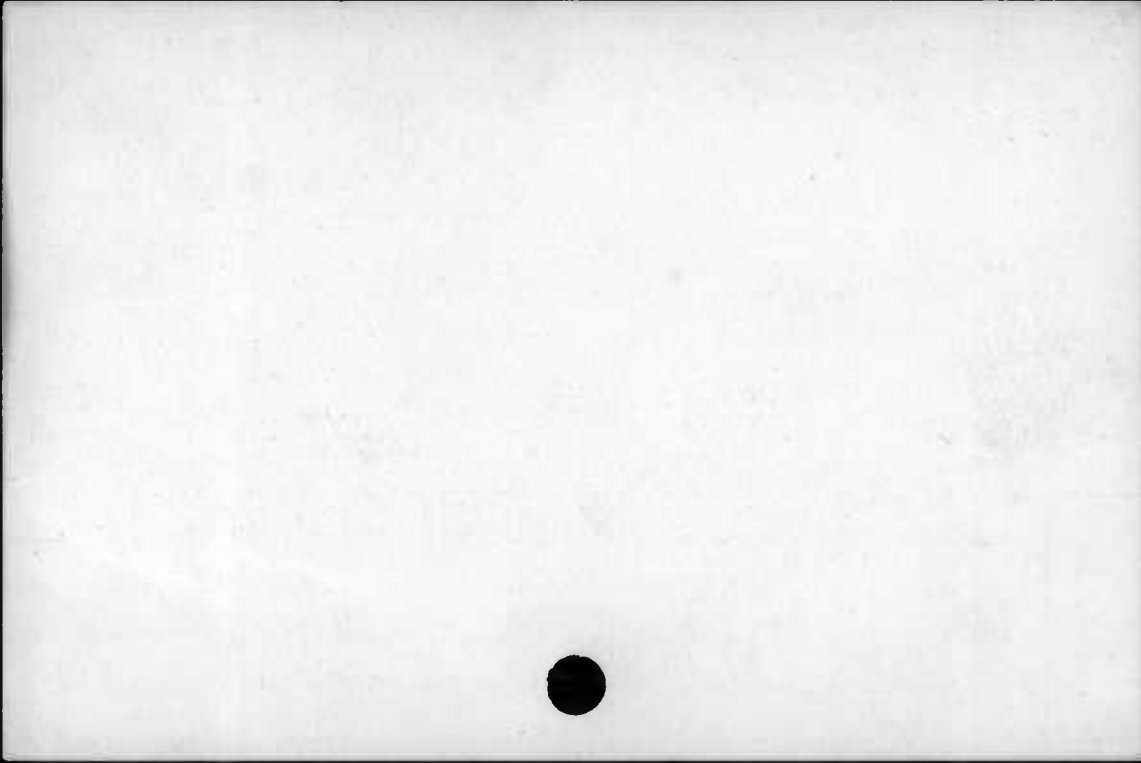
Immediate *Heart failure* How long *immediately*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *John S. Delotte*

Address *New Hope Ind.*

Accident or Suicide? *no*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

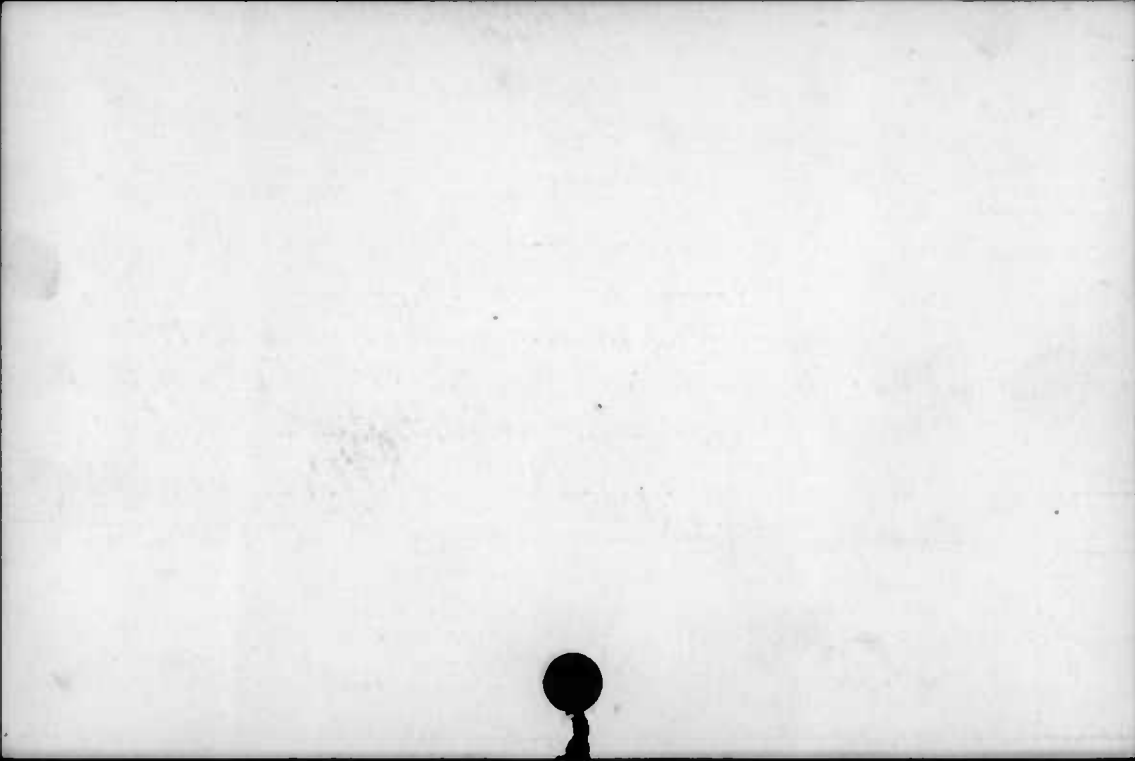
Died at		Town		County		MARYLAND	
Goodville		Norchester					
Date of death		Month	Day	Years	Months	Days	
1907		Sept	9	69			
Sex	Male	Color or Race	White	Birthplace	Norfolk Co.		
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Wife dead			Name of Wife or Husband			
Father's Name	William Ward			Father's Birthplace			Norfolk Co.
Mother's Maiden Name	Don't know			Mother's Birthplace			
Name of person giving information	Dora W. Ward			How related to deceased			Son

CAUSES OF DEATH

44

PHYSICIAN
OR CORONER

Primary	Cancer of face	How long	20-25 years
Immediate	Gradual exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<input checked="" type="checkbox"/>		R. Keet Hall	
		Address	
		Pocomoke City, Md.	
Accident or Suicide?			



Name
in
Full

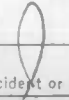
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stockton</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death <i>1907</i> ^{Month} <i>Sept.</i> ^{Day} <i>9</i>		Age <i>—</i> ^{Years}		Months <i>—</i> Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation <i>—</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband			
Father's Name <i>Charlie Ward</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Lula Sharpley</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Charlie Ward</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

SPHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. D. Dickerson M.D.</i>
		Address <i>Stockton Worcester Co.</i>
		Accident or Suicide?

